WISVOTE
Data Entry Access Certification

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I have completed the training curriculum listed above. I am requesting Data Entry access in WisVote.

Name of Municipality/County: _____ HINDI: _____

Name of Clerk: _____

Signature of Clerk: _____ Date: _____

Return signed forms to the Government Accountability Board – Elections Division, P.O. Box 7984, Madison, WI 53707-7984 | gabhelpdesk@wisconsin.gov
608-261-2028 FAX 608-267-0500